



**MINHAS PSYCHIATRY**  
CHILD | ADULT | FORENSICS

28 1ST STREET  
STAMFORD, CT 06905  
PHONE/FAX: 203.604.9000  
INFO@MINHASPSYCHIATRY.COM

February 23, 2024

The Honorable Lewis A. Kaplan  
Daniel Patrick Moynihan United States Courthouse  
500 Pearl Street  
New York, NY 10007

**RE: Samuel Bankman-Fried (DOB: 03/05/1992)**

Honorable Judge Kaplan,

I am a practicing clinical and forensic psychiatrist. After medical school, I completed a psychiatry residency at Brown University, and then further training in pediatric psychiatry at Brown University, and forensic psychiatry at Yale University. I have a clinical practice in Connecticut, and a large part of my work focusses on developmental disorders in children and adults. I am a Clinical Assistant Professor at the Yale University Department of Law and Psychiatry, the Chief of Autism Services at the Hospital for Special Care, and the Medical Director at Turnbridge Treatment Programs. In addition to my clinical work, I am trained and experienced in performing forensic psychiatric evaluations in both civil and criminal cases.

At the request of Mr. Bankman-Fried's legal team, I performed a forensic psychiatric evaluation on Mr. Bankman-Fried on 07/19/2023. At the time of the interview, I informed Mr. Bankman-Fried that the evaluation was being conducted at the request of his legal team, and that the information he would provide me would initially be protected under the work product doctrine. I also informed him

that if he and his legal team were to ask me to compile and submit a letter or a report, then the information he provided me would potentially not remain confidential. Mr. Bankman-Fried verbalized understanding of these advisements and agreed to proceed.

As part of my evaluation, I met with Mr. Bankman-Fried in-person for approximately four hours, and I also interviewed his parents to obtain collateral information.

After evaluating Mr. Bankman-Fried, it is my opinion, based on a reasonable degree of medical certainty, that Mr. Bankman-Fried meets criterion for Autism Spectrum Disorder (ASD). According to the DSM-5,<sup>1</sup> ASD is a type of developmental disorder<sup>2</sup> that is characterized by persistent deficits in social communication and social interaction, and by restricted and repetitive patterns of behavior, interests, or activities. The symptoms of ASD are present in the early developmental period, and cause impairment in social, occupational, or other important areas of functioning.

ASD, as the name suggests, is a spectrum. On the one end is low-functioning autism, which may be accompanied by Intellectual Disability, limited or absent speech, and a variety of other physical and psychological symptoms. On the other end of the spectrum is high-functioning autism, which in the past was at times referred to as Asperger Syndrome. According to the Center for Disease Control and Prevention (CDC), 1 in 36 children have been identified with ASD.<sup>3</sup>

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<sup>1</sup> The Diagnostic and Statistical Manual - the authoritative guide used by psychiatrists to classify psychiatric disorders

<sup>2</sup> Neurodevelopment disorders are a group of conditions that develop in the developmental period. These disorder generally first manifest in early childhood, and may impact social, academic, and occupational functioning.

<sup>3</sup> <https://www.cdc.gov/ncbddd/autism/data.html>

Based on my evaluation of Mr. Bankman-Fried, it is my opinion that he does not have any intellectual deficits<sup>4</sup> and in-fact he presented as intellectually gifted. He did present with a history of social deficits and stereotyped interests that are consistent with high-functioning ASD. It is not unusual for high-functioning ASD to go undiagnosed until later in life. The reason for this is that the deficits may be subtle, and the impact of the deficits may not be as overt or as obvious as the deficits in low-functioning ASD.

Mr. Bankman-Fried's symptoms of ASD impact the nature of his social interactions. During my evaluation, he demonstrated deficits in being able to read social-cues, and appropriately respond to them. Mr. Bankman-Fried has developed some understanding of these deficits, and has made attempts to compensate for them (as many individuals with high-functioning ASD are able to do). Having said this, the deficits persist and may present in various settings as him being socially awkward or inappropriate, not understanding social nuance, or responding in ways that may be perceived as off-putting to others.

The deficits of ASD are generally life-long, and it is my opinion that Mr. Bankman-Fried would continue to exhibit the symptoms of high-functioning ASD through the remainder of his lifetime. These deficits will likely continue to impact his social interactions, and his ability to optimally navigate social situations.

During incarceration, individuals with ASD (in comparison to neurotypical individuals) face an additional set of challenges. These challenges stem from the core social deficits of ASD, which impact the ability to appropriately interact with other inmates or prison personnel and officials.

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<sup>4</sup> Deficits in intellectual functions, generally characterized by an intelligence quotient (IQ) that is significantly below average

From a medical perspective, in order to address these deficits on a continued basis, in my opinion Mr. Bankman-Fried would benefit from ongoing access to psychotherapy, psychiatric management, and monitoring of his deficits and symptoms. It would also be beneficial for the personnel interacting with him to have training and understanding of the deficits of ASD, in order to inform their interactions with him.

Respectfully submitted,

A handwritten signature in black ink, reading "Hassan Minhas". The signature is fluid and cursive, with a long horizontal stroke at the end.

Hassan M. Minhas M.D.